

11/19/03  
ACCESS  
2002

**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

RIC: 4  
Page: 1  
Version: 1

| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

This file summarizes current health insurance information for each person who completed an interview.

|         |   |   |           |  |  |  |                                   |
|---------|---|---|-----------|--|--|--|-----------------------------------|
| RIC     | 1 | 2 |           |  |  |  | C Record Identification Code      |
| VERSION | 3 | 1 |           |  |  |  | C Version Number                  |
| BASEID  | 4 | 8 | \$BSIDFMT |  |  |  | C Unique SP Identification Number |

16,315 LOW-HIGH BASEID Count

|         |    |   |           |        |  |  |                     |
|---------|----|---|-----------|--------|--|--|---------------------|
| INTERVU | 12 | 1 | \$INTRFMT |        |  |  | C Type of interview |
|         |    |   |           | 15,142 |  |  | C Community         |
|         |    |   |           | 1,173  |  |  | F Facility          |

|         |    |   |         |        |  |  |                     |
|---------|----|---|---------|--------|--|--|---------------------|
| D_MCARE | 13 | 1 | MEDCOVG |        |  |  | N Medicare coverage |
|         |    |   |         | 2      |  |  | 0 No entitlement    |
|         |    |   |         | 508    |  |  | 1 Part A only       |
|         |    |   |         | 138    |  |  | 2 Part B only       |
|         |    |   |         | 15,667 |  |  | 3 Both A and B      |

Notes: See D\_SUMINS in prior years for similar data.  
First available in 1999

|          |    |   |        |        |  |  |  |
|----------|----|---|--------|--------|--|--|--|
| D_MCRHMO | 14 | 1 | SOURCE |        |  |  | N Source of Medicare HMO enrollment status |
|          |    |   |        | 13,650 |  |  | 0 No entitlement                           |
|          |    |   |        | 493    |  |  | 1 Survey data only                         |
|          |    |   |        | 143    |  |  | 2 CMS administrative data only             |
|          |    |   |        | 2,029  |  |  | 3 Both survey and administrative data      |

|          |    |   |         |       |  |  |                                      |
|----------|----|---|---------|-------|--|--|--------------------------------------|
| D_PRIVAT | 15 | 1 | PHIPLCY |       |  |  | N Private insurance coverage         |
|          |    |   |         | 7,161 |  |  | 0 No entitlement                     |
|          |    |   |         | 4,269 |  |  | 1 Employer-sponsored insurance (ESI) |
|          |    |   |         | 3,805 |  |  | 2 Self-purchased                     |
|          |    |   |         | 657   |  |  | 3 Both ESI and self-purchased        |
|          |    |   |         | 423   |  |  | 4 Unknown                            |

Notes: See D\_SUMINS in prior years for similar data.  
First available in 1999

|          |    |   |          |        |      |  |                          |
|----------|----|---|----------|--------|------|--|--------------------------|
| D_PUBLIC | 16 | 1 | POLICIES |        | HI11 |  | N Public health coverage |
|          |    |   |          | 15,430 |      |  | 0 None                   |
|          |    |   |          | 885    |      |  | One or more              |

Notes: See D\_SUMINS in prior years for similar data.  
First available in 1999

|         |    |   |        |        |  |  |                                       |
|---------|----|---|--------|--------|--|--|---------------------------------------|
| D_MCAID | 17 | 1 | SOURCE |        |  |  | N Medicaid eligibility                |
|         |    |   |        | 12,844 |  |  | 0 No entitlement                      |
|         |    |   |        | 493    |  |  | 1 Survey data only                    |
|         |    |   |        | 472    |  |  | 2 CMS administrative data only        |
|         |    |   |        | 2,506  |  |  | 3 Both survey and administrative data |

Notes: See D\_SUMINS in prior years for similar data.  
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|----------|-----|-----|----------|---|----------|----------|--|
| MCAIDHMO | 18  | 3   | YES1FMT  |   |          |          | N Was SP enrolled in a Medicaid HMO?       |
|          |     |     |          | 13,279  |          |          | . Inapplicable                             |
|          |     |     |          | 135   |          |          | -8 Don't know                              |
|          |     |     |          | 402   |          |          | 1 Yes                                      |
|          |     |     |          | 2,499   |          |          | 2 No                                       |
|          |     |     |          | Notes: Applies only if D_MCAID = 1 or 3                 |          |          |  |
|          |     |     |          | First available in 1998                                 |          |          |  |
| CHOICHMO | 21  | 3   | CHOICFMT |   |          |          | N SP given choice to enroll in Mcaid HMO?  |
|          |     |     |          | 15,964  |          |          | . Inapplicable                             |
|          |     |     |          | 3   |          |          | -9 Not ascertained                         |
|          |     |     |          | 1   |          |          | -8 Don't know                              |
|          |     |     |          | 83  |          |          | 1 SP had choice                            |
|          |     |     |          | 196   |          |          | 2 SP had no choice                         |
|          |     |     |          | 68  |          |          | 3 SP does not remember if he/she had choic |
|          |     |     |          | Notes: Applies only if INTERVU = C and MCAIDHMO = 1     |          |          |  |
|          |     |     |          | First available in 1998                                 |          |          |  |
| PUBRXCOV | 24  | 3   | YES1FMT  |   |          |          | N Does SPs public plan cover prescrib meds |
|          |     |     |          | 15,451  |          |          | . Inapplicable                             |
|          |     |     |          | 3   |          |          | -8 Don't know                              |
|          |     |     |          | 747   |          |          | 1 Yes                                      |
|          |     |     |          | 114   |          |          | 2 No                                       |
|          |     |     |          | Notes: Applies only if INTERVU = C and D_PUBLIC > 0     |          |          |  |
|          |     |     |          | First available in 1999                                 |          |          |  |
| MCDRXCOV | 27  | 3   | YES1FMT  |   |          |          | N Does SPs Mcaid plan cover prescrib meds  |
|          |     |     |          | 14,052  |          |          | . Inapplicable                             |
|          |     |     |          | 36  |          |          | -8 Don't know                              |
|          |     |     |          | 1,998   |          |          | 1 Yes                                      |
|          |     |     |          | 229   |          |          | 2 No                                       |
|          |     |     |          | Notes: Applies only if INTERVU = C and D_MCAID = 1 or 3 |          |          |  |
|          |     |     |          | First available in 1999                                 |          |          |  |
| D_DMED   | 30  | 3   | NUMCARDS |   | DM1, 2   |          | N Number of active discount card membershi |
|          |     |     |          | 1,172   |          |          | . Inapplicable                             |
|          |     |     |          | 14,407  |          |          | 0 No discount card membership              |
|          |     |     |          | 683   |          |          | 1 One discount card membership             |
|          |     |     |          | 41  |          |          | 2 Two discount card memberships            |
|          |     |     |          | 11  |          |          | 3 Three discount card memberships          |
|          |     |     |          | 1   |          |          | Four or more discount card memberships     |
|          |     |     |          | Note: First available in 2002                           |          |          |  |

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|----------|-----|-----|--------|-----------|----------|----------|--------------------------------|
| D_DMCOST | 33  | 7   | PREM_F | DM6       |          |          | N annual cost of discount card |
|          |     |     |        | 1,608     |          |          | . Inapplicable                 |
|          |     |     |        | 14,656    |          |          | 0-100 \$100 or less            |
|          |     |     |        | 47        |          |          | 100.01-500 \$101-\$500         |
|          |     |     |        | 4         |          |          | 500.01-1000 \$501-\$1000       |
|          |     |     |        | 0         |          |          | 1000.01-1500 \$1001-\$1500     |
|          |     |     |        | 0         |          |          | 1500.01-2000 \$1501-\$2000     |
|          |     |     |        | 0         |          |          | 2000.01-2500 \$2001-\$2500     |
|          |     |     |        | 0         |          |          | 2500.01-3000 \$2501-\$3000     |
|          |     |     |        | 0         |          |          | 3000.01-3500 \$3001-\$3500     |
|          |     |     |        | 0         |          |          | 3500.01-4000 \$3501-\$4000     |
|          |     |     |        | 0         |          |          | 4000.01-4500 \$4001-\$4500     |
|          |     |     |        | 0         |          |          | 4500.01-5000 \$4501-\$5000     |

Note: First available in 2002

|          |    |   |          |        |  |  |  |
|----------|----|---|----------|--------|--|--|--|
| D_HMOTYP | 40 | 2 | \$PLNFMT |        |  |  | C Type of Medicare HMO                   |
|          |    |   |          | 14,143 |  |  | No enrollment                            |
|          |    |   |          | 58     |  |  | 01 Health care prepayment plan           |
|          |    |   |          | 98     |  |  | 02 Cost HMO                              |
|          |    |   |          | 2,016  |  |  | 06 Risk HMO                              |
| D_HMOCOV | 42 | 2 | COVFMT   |        |  |  | N SP covered by Medicare HMO at anytime? |
|          |    |   |          | 13,712 |  |  | 0 No enrollment                          |
|          |    |   |          | 2,603  |  |  | 1 Some enrollment                        |
| D_HMOCUR | 44 | 2 | CURFMT   |        |  |  | N Is SP currently covered by Mcare HMO?  |
|          |    |   |          | 2,522  |  |  | 1 Currently enrolled                     |
|          |    |   |          | 13,793 |  |  | 2 Not currently enrolled                 |
| MHMORX   | 46 | 2 | YES1FMT  |        |  |  | N Does Medicare HMO plan cover drugs?    |
|          |    |   |          | 13,793 |  |  | . Inapplicable                           |
|          |    |   |          | 28     |  |  | -8 Don't know                            |
|          |    |   |          | 1      |  |  | -7 Refused                               |
|          |    |   |          | 1,986  |  |  | 1 Yes                                    |
|          |    |   |          | 507    |  |  | 2 No                                     |

Note: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

|          |    |   |         |        |  |  |  |
|----------|----|---|---------|--------|--|--|--|
| MHMODENT | 48 | 2 | YES1FMT |        |  |  | N Does Medicare HMO plan cover dental? |
|          |    |   |         | 13,793 |  |  | . Inapplicable                         |
|          |    |   |         | 116    |  |  | -8 Don't know                          |
|          |    |   |         | 2      |  |  | -7 Refused                             |
|          |    |   |         | 638    |  |  | 1 Yes                                  |
|          |    |   |         | 1,766  |  |  | 2 No                                   |

Note: Applies only if INTERVU = C and D\_MCRHMO = 1 or 3

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Notes: Applies only if MHMOPAY = 1  
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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|         |    |   |        |        |  |  |   |
|---------|----|---|--------|--------|--|--|---|
| MHMOWHO | 61 | 3 | WHOFMT |        |  |  | N Who else pays a portion of the premium? |
|         |    |   |        | 16,084 |  |  | . Inapplicable                            |
|         |    |   |        | 25     |  |  | 1 Main insured person's current employer  |
|         |    |   |        | 109    |  |  | 2 Main insured person's former employer   |
|         |    |   |        | 6      |  |  | 3 Main insured person's union             |
|         |    |   |        | 27     |  |  | 4 Spouse's current employer               |
|         |    |   |        | 57     |  |  | 5 Spouse's former employer                |
|         |    |   |        | 0      |  |  | 6 Professional/fraternal organization     |
|         |    |   |        | 1      |  |  | 7 Medicaid/medical assistance             |
|         |    |   |        | 6      |  |  | 91 Other                                  |

Notes: Applies only if MHMOCOST = 1  
First available in 1999

|         |    |   |        |        |  |              |  |
|---------|----|---|--------|--------|--|--------------|--|
| D_ANHMO | 64 | 8 | PREM_F |        |  |              | N Annual amnt paid for Mcare HMO coverage? |
|         |    |   |        | 14,907 |  |              | . Inapplicable                             |
|         |    |   |        | 1      |  |              | -9 Not ascertained                         |
|         |    |   |        | 119    |  |              | -8 Don't know                              |
|         |    |   |        | 2      |  |              | -7 Refused                                 |
|         |    |   |        | 13     |  | 0-100        | \$100 or less                              |
|         |    |   |        | 299    |  | 100.01-500   | \$101-\$500                                |
|         |    |   |        | 553    |  | 500.01-1000  | \$501-\$1000                               |
|         |    |   |        | 210    |  | 1000.01-1500 | \$1001-\$1500                              |
|         |    |   |        | 93     |  | 1500.01-2000 | \$1501-\$2000                              |
|         |    |   |        | 41     |  | 2000.01-2500 | \$2001-\$2500                              |
|         |    |   |        | 31     |  | 2500.01-3000 | \$2501-\$3000                              |
|         |    |   |        | 11     |  | 3000.01-3500 | \$3001-\$3500                              |
|         |    |   |        | 12     |  | 3500.01-4000 | \$3501-\$4000                              |
|         |    |   |        | 3      |  | 4000.01-4500 | \$4001-\$4500                              |
|         |    |   |        | 4      |  | 4500.01-5000 | \$4501-\$5000                              |
|         |    |   |        | 16     |  |              | Over \$5000                                |

Notes: Applies only if MHMOPAY = 1  
First available in 1996

|          |    |   |         |       |      |  |                          |
|----------|----|---|---------|-------|------|--|--------------------------|
| D_TYPPL1 | 72 | 2 | PLANFMT |       | HI17 |  | N Type of plan - Plan #1 |
|          |    |   |         | 7,161 |      |  | . Inapplicable           |
|          |    |   |         | 0     |      |  | 1 Medicare               |
|          |    |   |         | 0     |      |  | 2 Medicaid               |
|          |    |   |         | 0     |      |  | 3 Public plan            |
|          |    |   |         | 9,154 |      |  | 4 Private plan           |
|          |    |   |         | 0     |      |  | 5 Medicare HMO           |

Note: Applies only if D\_PRIVAT is not equal to 0.

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|----------|-----|-----|--------|-----------|----------|----------|--|
| D_PHREL1 | 74  | 2   | RELFMT |           |          |          | N Policy holder relationship - Plan #1 |
|          |     |     |        | 7,528     |          |          | . Inapplicable                         |
|          |     |     |        | 5         |          |          | -9 Not ascertained                     |
|          |     |     |        | 0         |          |          | -5 Never ask again                     |
|          |     |     |        | 7,297     |          |          | 1 Sample person                        |
|          |     |     |        | 1,427     |          |          | 2 Spouse                               |
|          |     |     |        | 4         |          |          | 3 Son                                  |
|          |     |     |        | 3         |          |          | 4 Daughter                             |
|          |     |     |        | 0         |          |          | 5 Brother                              |
|          |     |     |        | 1         |          |          | 6 Sister                               |
|          |     |     |        | 23        |          |          | 7 Father                               |
|          |     |     |        | 18        |          |          | 8 Mother                               |
|          |     |     |        | 0         |          |          | 9 Son-in-law                           |
|          |     |     |        | 0         |          |          | 10 Daughter-in-law                     |
|          |     |     |        | 0         |          |          | 11 Grandson                            |
|          |     |     |        | 0         |          |          | 12 Granddaughter                       |
|          |     |     |        | 0         |          |          | 13 Nephew                              |
|          |     |     |        | 0         |          |          | 14 Niece                               |
|          |     |     |        | 5         |          |          | 50 Partner/roommate                    |
|          |     |     |        | 0         |          |          | 51 Friend/neighbor                     |
|          |     |     |        | 0         |          |          | 52 Boarder                             |
|          |     |     |        | 0         |          |          | 53 Nurse/nurses aide                   |
|          |     |     |        | 0         |          |          | 54 Legal/financial officer             |
|          |     |     |        | 0         |          |          | 55 Guardian                            |
|          |     |     |        | 2         |          |          | 91 Other relative                      |
|          |     |     |        | 2         |          |          | 92 Other non-relative                  |

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

|          |    |   |         |       |  |  |  |
|----------|----|---|---------|-------|--|--|--|
| D_COVNM1 | 76 | 2 | COVGFM1 |       |  |  | N # of family members covered by Plan #1 |
|          |    |   |         | 7,528 |  |  | . Inapplicable                           |
|          |    |   |         | 11    |  |  | -9 Not ascertained                       |
|          |    |   |         | 22    |  |  | -8 Don't know                            |
|          |    |   |         | 1     |  |  | -7 Refused                               |
|          |    |   |         | 8,753 |  |  | Number reported covered                  |

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

|          |    |   |         |       |  |  |  |
|----------|----|---|---------|-------|--|--|--|
| D_COVRX1 | 78 | 2 | YES1FMT |       |  |  | N Plan #1 covers prescribed medicines? |
|          |    |   |         | 7,528 |  |  | . Inapplicable                         |
|          |    |   |         | 7     |  |  | -9 Not ascertained                     |
|          |    |   |         | 164   |  |  | -8 Don't know                          |
|          |    |   |         | 4,648 |  |  | 1 Yes                                  |
|          |    |   |         | 3,968 |  |  | 2 No                                   |

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

|          |    |   |         |       |  |  |  |
|----------|----|---|---------|-------|--|--|--|
| D_COVNH1 | 80 | 2 | YES1FMT |       |  |  | N Plan #1 covers stay in nursing home? |
|          |    |   |         | 7,528 |  |  | . Inapplicable                         |
|          |    |   |         | 7     |  |  | -9 Not ascertained                     |
|          |    |   |         | 2,237 |  |  | -8 Don't know                          |
|          |    |   |         | 4     |  |  | -7 Refused                             |
|          |    |   |         | 1,853 |  |  | 1 Yes                                  |
|          |    |   |         | 4,686 |  |  | 2 No                                   |

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|          |    |   |         |       |  |  |                                    |
|----------|----|---|---------|-------|--|--|------------------------------------|
| D_PAYSP1 | 82 | 2 | YES1FMT |       |  |  | N MIP pay any/all cost for Plan #1 |
|          |    |   |         | 7,528 |  |  | . Inapplicable                     |
|          |    |   |         | 7     |  |  | -9 Not ascertained                 |
|          |    |   |         | 104   |  |  | -8 Don't know                      |
|          |    |   |         | 1     |  |  | -7 Refused                         |
|          |    |   |         | 6,969 |  |  | 1 Yes                              |
|          |    |   |         | 1,706 |  |  | 2 No                               |

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

|          |    |   |        |       |  |              |   |
|----------|----|---|--------|-------|--|--------------|---|
| D_ANAMT1 | 84 | 7 | PREM_F |       |  |              | N Premium MIP pays for Plan #1-Annualized |
|          |    |   |        | 9,346 |  |              | . Inapplicable                            |
|          |    |   |        | 5     |  |              | -9 Not ascertained                        |
|          |    |   |        | 959   |  |              | -8 Don't know                             |
|          |    |   |        | 21    |  |              | -7 Refused                                |
|          |    |   |        | 131   |  | 0-100        | \$100 or less                             |
|          |    |   |        | 571   |  | 100.01-500   | \$101-\$500                               |
|          |    |   |        | 656   |  | 500.01-1000  | \$501-\$1000                              |
|          |    |   |        | 1,527 |  | 1000.01-1500 | \$1001-\$1500                             |
|          |    |   |        | 1,247 |  | 1500.01-2000 | \$1501-\$2000                             |
|          |    |   |        | 690   |  | 2000.01-2500 | \$2001-\$2500                             |
|          |    |   |        | 428   |  | 2500.01-3000 | \$2501-\$3000                             |
|          |    |   |        | 238   |  | 3000.01-3500 | \$3001-\$3500                             |
|          |    |   |        | 179   |  | 3500.01-4000 | \$3501-\$4000                             |
|          |    |   |        | 91    |  | 4000.01-4500 | \$4001-\$4500                             |
|          |    |   |        | 63    |  | 4500.01-5000 | \$4501-\$5000                             |
|          |    |   |        | 163   |  |              | Over \$5000                               |

Note: Applies only if D\_PAYSP1 = 1

|          |    |   |         |       |      |  |                     |
|----------|----|---|---------|-------|------|--|---------------------|
| D_HMOPL1 | 91 | 2 | YES1FMT |       | HI25 |  | N Is Plan #1 an HMO |
|          |    |   |         | 7,528 |      |  | . Inapplicable      |
|          |    |   |         | 20    |      |  | -9 Not ascertained  |
|          |    |   |         | 149   |      |  | -8 Don't know       |
|          |    |   |         | 1     |      |  | -7 Refused          |
|          |    |   |         | 603   |      |  | 1 Yes               |
|          |    |   |         | 8,014 |      |  | 2 No                |

Note: Applies only if INTERVU = C and D\_TYPPL1 = 4

|          |    |   |        |       |  |    |  |
|----------|----|---|--------|-------|--|----|--|
| D_OBTNP1 | 93 | 2 | MIPFMT |       |  |    | N How did MIP get Plan #1              |
|          |    |   |        | 7,528 |  |    | . Inapplicable                         |
|          |    |   |        | 10    |  |    | -9 Not ascertained                     |
|          |    |   |        | 56    |  |    | -8 Don't know                          |
|          |    |   |        | 1     |  |    | -7 Refused                             |
|          |    |   |        | 3,525 |  | 1  | Directly                               |
|          |    |   |        | 680   |  | 2  | Main insured person's current employer |
|          |    |   |        | 3,316 |  | 3  | Main insured person's prior employer   |
|          |    |   |        | 127   |  | 4  | Union                                  |
|          |    |   |        | 58    |  | 5  | Family business                        |
|          |    |   |        | 431   |  | 6  | AARP                                   |
|          |    |   |        | 488   |  | 7  | Deceased spouse's employer             |
|          |    |   |        | 16    |  | 8  | Deceased spouse's union                |
|          |    |   |        | 29    |  | 9  | Fraternal/professional organization    |
|          |    |   |        | 50    |  | 91 | Other                                  |

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|----------|-----|-----|-----------|-----------|----------|----------|---|
| D_INDUS1 | 95  | 2   | \$IND1COD |           |          |          | C Industry of employer - Plan #1          |
|          |     |     |           | 7,528     |          |          | Inapplicable                              |
|          |     |     |           | 3         |          |          | -7 Refused                                |
|          |     |     |           | 3         |          |          | -8 Don't know                             |
|          |     |     |           | 4,260     |          |          | -9 Not ascertained                        |
|          |     |     |           | 0         |          |          | A Agriculture, forestry, and fishing      |
|          |     |     |           | 23        |          |          | B Mining                                  |
|          |     |     |           | 15        |          |          | C Construction                            |
|          |     |     |           | 30        |          |          | D Manufacturing                           |
|          |     |     |           | 2         |          |          | E Transportation and public utilities     |
|          |     |     |           | 0         |          |          | F Wholesale trade                         |
|          |     |     |           | 10        |          |          | G Retail trade                            |
|          |     |     |           | 1         |          |          | H Finance, insurance, and real estate     |
|          |     |     |           | 1         |          |          | I Services                                |
|          |     |     |           | 271       |          |          | J Public administration                   |
|          |     |     |           | 56        |          |          | K Nonclassifiable establishments          |
|          |     |     |           | 3         |          |          | 01 Agricultural production - crops        |
|          |     |     |           | 7         |          |          | 02 Agricultural production - livestock    |
|          |     |     |           | 5         |          |          | 07 Agricultural services                  |
|          |     |     |           | 11        |          |          | 08 Forestry                               |
|          |     |     |           | 0         |          |          | 09 Fishing, hunting, and trapping         |
|          |     |     |           | 6         |          |          | 10 Metal mining                           |
|          |     |     |           | 40        |          |          | 12 Coal mining                            |
|          |     |     |           | 22        |          |          | 13 Oil and gas extraction                 |
|          |     |     |           | 8         |          |          | 14 Nonmetallic minerals, except fuels     |
|          |     |     |           | 13        |          |          | 15 General building contractors           |
|          |     |     |           | 9         |          |          | 16 Heavy construction, excluding building |
|          |     |     |           | 51        |          |          | 17 Special trade contractors              |
|          |     |     |           | 75        |          |          | 20 Food and kindred products              |
|          |     |     |           | 6         |          |          | 21 Tobacco products                       |
|          |     |     |           | 44        |          |          | 22 Textile mill products                  |
|          |     |     |           | 7         |          |          | 23 Apparel and other textile products     |
|          |     |     |           | 9         |          |          | 24 Lumber and wood products               |
|          |     |     |           | 15        |          |          | 25 Furniture and fixtures                 |
|          |     |     |           | 43        |          |          | 26 Paper and allied products              |
|          |     |     |           | 32        |          |          | 27 Printing and publishing                |
|          |     |     |           | 159       |          |          | 28 Chemicals and allied products          |
|          |     |     |           | 76        |          |          | 29 Petroleum and coal products            |
|          |     |     |           | 39        |          |          | 30 Rubber and misc. plastics products     |
|          |     |     |           | 2         |          |          | 31 Leather and leather products           |
|          |     |     |           | 27        |          |          | 32 Stone, clay, and glass products        |
|          |     |     |           | 117       |          |          | 33 Primary metal industries               |
|          |     |     |           | 60        |          |          | 34 Fabricated metal products              |
|          |     |     |           | 89        |          |          | 35 Industrial machinery and equipment     |
|          |     |     |           | 106       |          |          | 36 Electronic & other electric equipment  |
|          |     |     |           | 321       |          |          | 37 Transportation equipment               |
|          |     |     |           | 54        |          |          | 38 Instruments and related products       |
|          |     |     |           | 3         |          |          | 39 Miscellaneous manufacturing industries |
|          |     |     |           | 48        |          |          | 40 Railroad transportation                |
|          |     |     |           | 16        |          |          | 41 Local and interurban passenger transit |
|          |     |     |           | 24        |          |          | 42 Trucking and warehousing               |
|          |     |     |           | 155       |          |          | 43 U.S. Postal Service                    |
|          |     |     |           | 6         |          |          | 44 Water transportation                   |
|          |     |     |           | 18        |          |          | 45 Transportation by air                  |
|          |     |     |           | 0         |          |          | 46 Pipelines, except natural gas          |
|          |     |     |           | 2         |          |          | 47 Transportation services                |
|          |     |     |           | 176       |          |          | 48 Communications                         |
|          |     |     |           | 123       |          |          | 49 Electric, gas, and sanitary services   |
|          |     |     |           | 25        |          |          | 50 Wholesale trade - durable goods        |
|          |     |     |           | 17        |          |          | 51 Wholesale trade - nondurable goods     |
|          |     |     |           | 4         |          |          | 52 Building materials & garden supplies   |
|          |     |     |           | 43        |          |          | 53 General merchandise stores             |



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|----------|-----|-----|--------|-----------|----------|----------|--|
|          |     |     |        |           |          |          | -----                                      |
|          |     |     |        | 28        |          |          | 54 Food stores                             |
|          |     |     |        | 19        |          |          | 55 Automotive dealers & service stations   |
|          |     |     |        | 1         |          |          | 56 Apparel and accessory stores            |
|          |     |     |        | 4         |          |          | 57 Furniture and home furnishings stores   |
|          |     |     |        | 15        |          |          | 58 Eating and drinking places              |
|          |     |     |        | 5         |          |          | 59 Miscellaneous retail                    |
|          |     |     |        | 57        |          |          | 60 Depository institutions                 |
|          |     |     |        | 7         |          |          | 61 Nondepository institutions              |
|          |     |     |        | 6         |          |          | 62 Security and commodity brokers          |
|          |     |     |        | 99        |          |          | 63 Insurance carriers                      |
|          |     |     |        | 0         |          |          | 64 Insurance agents, brokers, and services |
|          |     |     |        | 9         |          |          | 65 Real estate                             |
|          |     |     |        | 0         |          |          | 67 Holding and other investment offices    |
|          |     |     |        | 9         |          |          | 70 Hotels and other lodging places         |
|          |     |     |        | 10        |          |          | 72 Personal services                       |
|          |     |     |        | 23        |          |          | 73 Business services                       |
|          |     |     |        | 11        |          |          | 75 Auto repair, services, and parking      |
|          |     |     |        | 3         |          |          | 76 Miscellaneous repair services           |
|          |     |     |        | 3         |          |          | 78 Motion pictures                         |
|          |     |     |        | 19        |          |          | 79 Amusement & recreation services         |
|          |     |     |        | 165       |          |          | 80 Health services                         |
|          |     |     |        | 11        |          |          | 81 Legal services                          |
|          |     |     |        | 655       |          |          | 82 Educational services                    |
|          |     |     |        | 8         |          |          | 83 Social services                         |
|          |     |     |        | 2         |          |          | 84 Museums, botanical, zoological gardens  |
|          |     |     |        | 73        |          |          | 86 Membership organizations                |
|          |     |     |        | 65        |          |          | 87 Engineering & management services       |
|          |     |     |        | 0         |          |          | 88 Private households                      |
|          |     |     |        | 1         |          |          | 89 Services, nec                           |
|          |     |     |        | 333       |          |          | 91 Executive, legislative, and general     |
|          |     |     |        | 107       |          |          | 92 Justice, public order, and safety       |
|          |     |     |        | 17        |          |          | 93 Finance, taxation, & monetary policy    |
|          |     |     |        | 28        |          |          | 94 Administration of Human Resources       |
|          |     |     |        | 18        |          |          | 95 Environmental quality and housing       |
|          |     |     |        | 31        |          |          | 96 Administration of economic programs     |
|          |     |     |        | 154       |          |          | 97 National security and inst. affairs     |
|          |     |     |        | 0         |          |          | 99 Nonclassifiable establishments          |

Note: Applies only if D\_OBTNP1 = 2, 3, 5, or 8

|          |    |   |           |        |  |  |   |
|----------|----|---|-----------|--------|--|--|---|
| D_PLLTR1 | 97 | 2 | \$PLN1LTR |        |  |  | C Medicare suppl./Medigap plan letter #1  |
|          |    |   |           | 12,301 |  |  | Inapplicable                              |
|          |    |   |           | 133    |  |  | -8 Don't know                             |
|          |    |   |           | 1,737  |  |  | -9 Not ascertained                        |
|          |    |   |           | 80     |  |  | A Plan A                                  |
|          |    |   |           | 91     |  |  | B Plan B                                  |
|          |    |   |           | 227    |  |  | C Plan C                                  |
|          |    |   |           | 78     |  |  | D Plan D                                  |
|          |    |   |           | 37     |  |  | E Plan E                                  |
|          |    |   |           | 414    |  |  | F Plan F                                  |
|          |    |   |           | 35     |  |  | G Plan G                                  |
|          |    |   |           | 31     |  |  | H Plan H                                  |
|          |    |   |           | 28     |  |  | I Plan I                                  |
|          |    |   |           | 77     |  |  | J Plan J                                  |
|          |    |   |           | 1,019  |  |  | 99 SP reports plan does not have a letter |
|          |    |   |           | 27     |  |  | Other Plan Letter                         |

Notes: Applies only if INTERVU = C, D\_TYPL1 = 4, and D\_OBTNP1 = 1, 5, or 6  
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**MEDICARE CURRENT BENEFICIARY SURVEY**  
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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|          |    |   |         |        |  |  |                          |
|----------|----|---|---------|--------|--|--|--------------------------|
| D_TYPPL2 | 99 | 2 | PLANFMT | HI17   |  |  | N Type of plan - Plan #2 |
|          |    |   |         | 14,464 |  |  | . Inapplicable           |
|          |    |   |         | 0      |  |  | 1 Medicare               |
|          |    |   |         | 0      |  |  | 2 Medicaid               |
|          |    |   |         | 0      |  |  | 3 Public plan            |
|          |    |   |         | 1,851  |  |  | 4 Private plan           |
|          |    |   |         | 0      |  |  | 5 Medicare HMO           |

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 1 plan.

|          |     |   |        |        |  |  |  |
|----------|-----|---|--------|--------|--|--|--|
| D_PHREL2 | 101 | 2 | RELFMT |        |  |  | N Policy holder relationship - Plan #2 |
|          |     |   |        | 14,495 |  |  | . Inapplicable                         |
|          |     |   |        | 0      |  |  | -5 Never ask again                     |
|          |     |   |        | 1,387  |  |  | 1 Sample person                        |
|          |     |   |        | 426    |  |  | 2 Spouse                               |
|          |     |   |        | 0      |  |  | 3 Son                                  |
|          |     |   |        | 0      |  |  | 4 Daughter                             |
|          |     |   |        | 0      |  |  | 5 Brother                              |
|          |     |   |        | 0      |  |  | 6 Sister                               |
|          |     |   |        | 3      |  |  | 7 Father                               |
|          |     |   |        | 1      |  |  | 8 Mother                               |
|          |     |   |        | 0      |  |  | 9 Son-in-law                           |
|          |     |   |        | 0      |  |  | 10 Daughter-in-law                     |
|          |     |   |        | 1      |  |  | 11 Grandson                            |
|          |     |   |        | 0      |  |  | 12 Granddaughter                       |
|          |     |   |        | 0      |  |  | 13 Nephew                              |
|          |     |   |        | 0      |  |  | 14 Niece                               |
|          |     |   |        | 1      |  |  | 50 Partner/roommate                    |
|          |     |   |        | 0      |  |  | 51 Friend/neighbor                     |
|          |     |   |        | 0      |  |  | 52 Boarder                             |
|          |     |   |        | 0      |  |  | 53 Nurse/nurses aide                   |
|          |     |   |        | 0      |  |  | 54 Legal/financial officer             |
|          |     |   |        | 0      |  |  | 55 Guardian                            |
|          |     |   |        | 1      |  |  | 91 Other relative                      |
|          |     |   |        | 0      |  |  | 92 Other non-relative                  |

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

|          |     |   |         |        |  |  |  |
|----------|-----|---|---------|--------|--|--|--|
| D_COVNM2 | 103 | 2 | COVGFM2 |        |  |  | N # of family members covered by Plan #2 |
|          |     |   |         | 14,495 |  |  | . Inapplicable                           |
|          |     |   |         | 3      |  |  | -9 Not ascertained                       |
|          |     |   |         | 7      |  |  | -8 Don't know                            |
|          |     |   |         | 1,810  |  |  | Number reported covered                  |

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

|          |     |   |         |        |  |  |  |
|----------|-----|---|---------|--------|--|--|--|
| D_COVRX2 | 105 | 2 | YES1FMT |        |  |  | N Plan #2 covers prescribed medicines? |
|          |     |   |         | 14,495 |  |  | . Inapplicable                         |
|          |     |   |         | 1      |  |  | -9 Not ascertained                     |
|          |     |   |         | 61     |  |  | -8 Don't know                          |
|          |     |   |         | 1      |  |  | -7 Refused                             |
|          |     |   |         | 569    |  |  | 1 Yes                                  |
|          |     |   |         | 1,188  |  |  | 2 No                                   |

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

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Note: Applies only if INTERVU = C and D TYPPL2 = 4

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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|          |     |   |        |        |  |  |  |
|----------|-----|---|--------|--------|--|--|--|
| D_OBTNP2 | 120 | 2 | MIPFMT |        |  |  | N How did MIP get Plan #2                |
|          |     |   |        | 14,495 |  |  | . Inapplicable                           |
|          |     |   |        | 2      |  |  | -9 Not ascertained                       |
|          |     |   |        | 10     |  |  | -8 Don't know                            |
|          |     |   |        | 893    |  |  | 1 Directly                               |
|          |     |   |        | 145    |  |  | 2 Main insured person's current employer |
|          |     |   |        | 610    |  |  | 3 Main insured person's prior employer   |
|          |     |   |        | 32     |  |  | 4 Union                                  |
|          |     |   |        | 4      |  |  | 5 Family business                        |
|          |     |   |        | 57     |  |  | 6 AARP                                   |
|          |     |   |        | 51     |  |  | 7 Deceased spouse's employer             |
|          |     |   |        | 2      |  |  | 8 Deceased spouse's union                |
|          |     |   |        | 7      |  |  | 9 Fraternal/professional organization    |
|          |     |   |        | 7      |  |  | 91 Other                                 |

Note: Applies only if INTERVU = C and D\_TYPPL2 = 4

|          |     |   |           |        |  |  |                                  |
|----------|-----|---|-----------|--------|--|--|----------------------------------|
| D_INDUS2 | 122 | 2 | \$IND2COD |        |  |  | C Industry of employer - Plan #2 |
|          |     |   |           | 14,495 |  |  | Inapplicable                     |
|          |     |   |           | 1,027  |  |  | -9 Not ascertained               |
|          |     |   |           | 793    |  |  | Industry classification code     |

Note: Applies only if D\_OBTNP2 = 2, 3, 5, or 8

|          |     |   |           |        |  |  |   |
|----------|-----|---|-----------|--------|--|--|---|
| D_PLLTR2 | 124 | 2 | \$PLN2LTR |        |  |  | C Medicare suppl./Medigap plan letter #2  |
|          |     |   |           | 15,361 |  |  | Missing                                   |
|          |     |   |           | 7      |  |  | -8 Don't know                             |
|          |     |   |           | 425    |  |  | -9 Not ascertained                        |
|          |     |   |           | 471    |  |  | 99 SP reports plan does not have a letter |
|          |     |   |           | 51     |  |  | Plan letter                               |

Notes: Applies only if INTERVU = C, D\_TYPPL2 = 4, and D\_OBTNP2 = 1, 5, or 6  
First available in 2000

|          |     |   |         |        |      |  |                          |
|----------|-----|---|---------|--------|------|--|--------------------------|
| D_TYPPL3 | 126 | 2 | PLANFMT |        | HI17 |  | N Type of plan - Plan #3 |
|          |     |   |         | 15,976 |      |  | . Inapplicable           |
|          |     |   |         | 0      |      |  | 1 Medicare               |
|          |     |   |         | 0      |      |  | 2 Medicaid               |
|          |     |   |         | 0      |      |  | 3 Public plan            |
|          |     |   |         | 339    |      |  | 4 Private plan           |
|          |     |   |         | 0      |      |  | 5 Medicare HMO           |

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 2 plans.

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|----------|-----|-----|----------|-----------|----------|----------|--|
| D_PHREL3 | 128 | 2   | REL3FMT  |           |          |          | N Policy holder relationship - Plan #3             |
|          |     |     |          | 15,979    |          |          | . Inapplicable                                     |
|          |     |     |          | 0         |          |          | -5 Never ask again                                 |
|          |     |     |          | 237       |          |          | 1 Sample person                                    |
|          |     |     |          | 95        |          |          | 2 Spouse   |
|          |     |     |          | 0         |          |          | 3 Son  |
|          |     |     |          | 1         |          |          | 4 Daughter   |
|          |     |     |          | 0         |          |          | 5 Brother  |
|          |     |     |          | 0         |          |          | 6 Sister   |
|          |     |     |          | 2         |          |          | 7 Father   |
|          |     |     |          | 0         |          |          | 8 Mother   |
|          |     |     |          | 0         |          |          | 9 Son-in-law                                       |
|          |     |     |          | 0         |          |          | 10 Daughter-in-law                                 |
|          |     |     |          | 0         |          |          | 11 Grandson  |
|          |     |     |          | 0         |          |          | 12 Granddaughter                                   |
|          |     |     |          | 0         |          |          | 13 Nephew  |
|          |     |     |          | 0         |          |          | 14 Niece   |
|          |     |     |          | 0         |          |          | 50 Partner/roommate                                |
|          |     |     |          | 0         |          |          | 51 Friend/neighbor                                 |
|          |     |     |          | 0         |          |          | 52 Boarder   |
|          |     |     |          | 0         |          |          | 53 Nurse/nurses aide                               |
|          |     |     |          | 0         |          |          | 54 Legal/financial officer                         |
|          |     |     |          | 0         |          |          | 55 Guardian  |
|          |     |     |          | 1         |          |          | 91 Other relative                                  |
|          |     |     |          | 0         |          |          | 92 Other non-relative                              |
|          |     |     |          |           |          |          | Note: Applies only if INTERVU = C and D_TYPPL3 = 4 |
| D_COVNM3 | 130 | 2   | COVG3FMT |           |          |          | N # of family members covered by Plan #3           |
|          |     |     |          | 15,979    |          |          | . Inapplicable                                     |
|          |     |     |          | 3         |          |          | -8 Don't know                                      |
|          |     |     |          | 333       |          |          | Number reported covered                            |
|          |     |     |          |           |          |          | Note: Applies only if INTERVU = C and D_TYPPL3 = 4 |
| D_COVRX3 | 132 | 2   | YES1FMT  |           |          |          | N Plan #3 covers prescribed medicines?             |
|          |     |     |          | 15,979    |          |          | . Inapplicable                                     |
|          |     |     |          | 12        |          |          | -8 Don't know                                      |
|          |     |     |          | 111       |          |          | 1 Yes  |
|          |     |     |          | 213       |          |          | 2 No   |
|          |     |     |          |           |          |          | Note: Applies only if INTERVU = C and D_TYPPL3 = 4 |
| D_COVNH3 | 134 | 2   | YES1FMT  |           |          |          | N Plan #3 covers stay in nursing home?             |
|          |     |     |          | 15,979    |          |          | . Inapplicable                                     |
|          |     |     |          | 17        |          |          | -8 Don't know                                      |
|          |     |     |          | 48        |          |          | 1 Yes  |
|          |     |     |          | 271       |          |          | 2 No   |
|          |     |     |          |           |          |          | Note: Applies only if INTERVU = C and D_TYPPL3 = 4 |

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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|          |     |   |         |        |  |  |                                    |
|----------|-----|---|---------|--------|--|--|------------------------------------|
| D_PAYSP3 | 136 | 2 | YES1FMT |        |  |  | N MIP pay any/all cost for Plan #3 |
|          |     |   |         | 15,979 |  |  | . Inapplicable                     |
|          |     |   |         | 1      |  |  | -9 Not ascertained                 |
|          |     |   |         | 3      |  |  | -8 Don't know                      |
|          |     |   |         | 192    |  |  | 1 Yes                              |
|          |     |   |         | 140    |  |  | 2 No                               |

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

|          |     |   |        |        |  |              |   |
|----------|-----|---|--------|--------|--|--------------|---|
| D_ANAMT3 | 138 | 7 | PREM_F |        |  |              | N Premium MIP pays for Plan #3-Annualized |
|          |     |   |        | 16,123 |  |              | . Inapplicable                            |
|          |     |   |        | 39     |  |              | -8 Don't know                             |
|          |     |   |        | 22     |  | 0-100        | \$100 or less                             |
|          |     |   |        | 54     |  | 100.01-500   | \$101-\$500                               |
|          |     |   |        | 30     |  | 500.01-1000  | \$501-\$1000                              |
|          |     |   |        | 17     |  | 1000.01-1500 | \$1001-\$1500                             |
|          |     |   |        | 11     |  | 1500.01-2000 | \$1501-\$2000                             |
|          |     |   |        | 5      |  | 2000.01-2500 | \$2001-\$2500                             |
|          |     |   |        | 2      |  | 2500.01-3000 | \$2501-\$3000                             |
|          |     |   |        | 4      |  | 3000.01-3500 | \$3001-\$3500                             |
|          |     |   |        | 4      |  | 3500.01-4000 | \$3501-\$4000                             |
|          |     |   |        | 1      |  | 4000.01-4500 | \$4001-\$4500                             |
|          |     |   |        | 1      |  | 4500.01-5000 | \$4501-\$5000                             |
|          |     |   |        | 2      |  |              | Over \$5000                               |

Note: Applies only if D\_PAYSP3 = 1

|          |     |   |         |        |      |  |                     |
|----------|-----|---|---------|--------|------|--|---------------------|
| D_HMOPL3 | 145 | 2 | YES1FMT |        | HI25 |  | N Is Plan #3 an HMO |
|          |     |   |         | 15,979 |      |  | . Inapplicable      |
|          |     |   |         | 3      |      |  | -9 Not ascertained  |
|          |     |   |         | 5      |      |  | -8 Don't know       |
|          |     |   |         | 10     |      |  | 1 Yes               |
|          |     |   |         | 318    |      |  | 2 No                |

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

|          |     |   |        |        |  |  |  |
|----------|-----|---|--------|--------|--|--|--|
| D_OBTNP3 | 147 | 2 | MIPFMT |        |  |  | N How did MIP get Plan #3                |
|          |     |   |        | 15,979 |  |  | . Inapplicable                           |
|          |     |   |        | 104    |  |  | 1 Directly                               |
|          |     |   |        | 39     |  |  | 2 Main insured person's current employer |
|          |     |   |        | 172    |  |  | 3 Main insured person's prior employer   |
|          |     |   |        | 5      |  |  | 4 Union                                  |
|          |     |   |        | 3      |  |  | 5 Family business                        |
|          |     |   |        | 3      |  |  | 6 AARP                                   |
|          |     |   |        | 7      |  |  | 7 Deceased spouse's employer             |
|          |     |   |        | 0      |  |  | 8 Deceased spouse's union                |
|          |     |   |        | 2      |  |  | 9 Fraternal/professional organization    |
|          |     |   |        | 1      |  |  | 91 Other                                 |

Note: Applies only if INTERVU = C and D\_TYPPL3 = 4

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| Variable   | Col | Len | Format    | Frequency | ComQues# | FacQues# | Variable Type & Label                     |
|--|-----|-----|-----------|-----------|----------|----------|---|
| D_INDUS3   | 149 | 2   | \$IND2COD |           |          |          | C Industry of employer - Plan #3          |
|  |     |     |           | 15,979    |          |          | Inapplicable                              |
|  |     |     |           | 122       |          |          | -9 Not ascertained                        |
|  |     |     |           | 214       |          |          | Industry classification code              |
| Note: Applies only if D_OBTNP3 = 2, 3, 5, or 8   |     |     |           |           |          |          |   |
| D_PLLTR3   | 151 | 2   | \$PLN2LTR |           |          |          | C Medicare suppl./Medigap plan letter #3  |
|  |     |     |           | 16,205    |          |          | Missing                                   |
|  |     |     |           | 2         |          |          | -8 Don't know                             |
|  |     |     |           | 50        |          |          | -9 Not ascertained                        |
|  |     |     |           | 53        |          |          | 99 SP reports plan does not have a letter |
|  |     |     |           | 5         |          |          | Plan letter                               |
| Notes: Applies only if INTERVU = C, D_TYPPL3 = 4, and D_OBTNP3 = 1, 5, or 6<br>First available in 2000 |     |     |           |           |          |          |   |
| D_TYPPL4   | 153 | 2   | PLANFMT   |           | HI17     |          | N Type of plan - Plan #4                  |
|  |     |     |           | 16,266    |          |          | . Inapplicable                            |
|  |     |     |           | 0         |          |          | 1 Medicare                                |
|  |     |     |           | 0         |          |          | 2 Medicaid                                |
|  |     |     |           | 0         |          |          | 3 Public plan                             |
|  |     |     |           | 49        |          |          | 4 Private plan                            |
|  |     |     |           | 0         |          |          | 5 Medicare HMO                            |
| Note: Applies only if D_PRIVAT is not equal to 0 and SP has more than 3 plans.                         |     |     |           |           |          |          |   |
| D_PHREL4   | 155 | 2   | REL FMT   |           |          |          | N Policy holder relationship - Plan #4    |
|  |     |     |           | 16,266    |          |          | . Inapplicable                            |
|  |     |     |           | 0         |          |          | -5 Never ask again                        |
|  |     |     |           | 28        |          |          | 1 Sample person                           |
|  |     |     |           | 21        |          |          | 2 Spouse                                  |
|  |     |     |           | 0         |          |          | 3 Son                                     |
|  |     |     |           | 0         |          |          | 4 Daughter                                |
|  |     |     |           | 0         |          |          | 5 Brother                                 |
|  |     |     |           | 0         |          |          | 6 Sister                                  |
|  |     |     |           | 0         |          |          | 7 Father                                  |
|  |     |     |           | 0         |          |          | 8 Mother                                  |
|  |     |     |           | 0         |          |          | 9 Son-in-law                              |
|  |     |     |           | 0         |          |          | 10 Daughter-in-law                        |
|  |     |     |           | 0         |          |          | 11 Grandson                               |
|  |     |     |           | 0         |          |          | 12 Granddaughter                          |
|  |     |     |           | 0         |          |          | 13 Nephew                                 |
|  |     |     |           | 0         |          |          | 14 Niece                                  |
|  |     |     |           | 0         |          |          | 50 Partner/roommate                       |
|  |     |     |           | 0         |          |          | 51 Friend/neighbor                        |
|  |     |     |           | 0         |          |          | 52 Boarder                                |
|  |     |     |           | 0         |          |          | 53 Nurse/nurses aide                      |
|  |     |     |           | 0         |          |          | 54 Legal/financial officer                |
|  |     |     |           | 0         |          |          | 55 Guardian                               |
|  |     |     |           | 0         |          |          | 91 Other relative                         |
|  |     |     |           | 0         |          |          | 92 Other non-relative                     |
| Note: Applies only if INTERVU = C and D_TYPPL4 = 4   |     |     |           |           |          |          |   |

| Variable | Col | Len | Format  | Frequency | ComQues# | FacQues#     | Variable Type & Label                              |
|----------|-----|-----|---------|-----------|----------|--------------|--|
| D_COVNM4 | 157 | 2   | COVGFM  |           |          |              | N # of family members covered by Plan #4           |
|          |     |     |         | 16,266    |          |              | . Inapplicable                                     |
|          |     |     |         | 49        |          |              | Number reported covered                            |
|          |     |     |         |           |          |              | Note: Applies only if INTERVU = C and D_TYPPL4 = 4 |
| D_COVRX4 | 159 | 2   | YES1FMT |           |          |              | N Plan #4 covers prescribed medicines?             |
|          |     |     |         | 16,266    |          |              | . Inapplicable                                     |
|          |     |     |         | 2         |          |              | -8 Don't know                                      |
|          |     |     |         | 15        |          |              | 1 Yes  |
|          |     |     |         | 32        |          |              | 2 No   |
|          |     |     |         |           |          |              | Note: Applies only if INTERVU = C and D_TYPPL4 = 4 |
| D_COVNH4 | 161 | 2   | YES1FMT |           |          |              | N Plan #4 covers stay in nursing home?             |
|          |     |     |         | 16,266    |          |              | . Inapplicable                                     |
|          |     |     |         | 2         |          |              | -8 Don't know                                      |
|          |     |     |         | 7         |          |              | 1 Yes  |
|          |     |     |         | 40        |          |              | 2 No   |
|          |     |     |         |           |          |              | Note: Applies only if INTERVU = C and D_TYPPL4 = 4 |
| D_PAYSP4 | 163 | 2   | YES1FMT |           |          |              | N MIP pay any/all cost for Plan #4                 |
|          |     |     |         | 16,266    |          |              | . Inapplicable                                     |
|          |     |     |         | 2         |          |              | -8 Don't know                                      |
|          |     |     |         | 22        |          |              | 1 Yes  |
|          |     |     |         | 25        |          |              | 2 No   |
|          |     |     |         |           |          |              | Note: Applies only if INTERVU = C and D_TYPPL4 = 4 |
| D_ANAMT4 | 165 | 7   | PREM_F  |           |          |              | N Premium MIP pays for Plan #4-Annualized          |
|          |     |     |         | 16,293    |          |              | . Inapplicable                                     |
|          |     |     |         | 2         |          |              | -8 Don't know                                      |
|          |     |     |         | 5         |          |              | 0-100 \$100 or less                                |
|          |     |     |         | 6         |          | 100.01-500   | \$101-\$500  |
|          |     |     |         | 3         |          | 500.01-1000  | \$501-\$1000                                       |
|          |     |     |         | 1         |          | 1000.01-1500 | \$1001-\$1500                                      |
|          |     |     |         | 0         |          | 1500.01-2000 | \$1501-\$2000                                      |
|          |     |     |         | 2         |          | 2000.01-2500 | \$2001-\$2500                                      |
|          |     |     |         | 2         |          | 2500.01-3000 | \$2501-\$3000                                      |
|          |     |     |         | 0         |          | 3000.01-3500 | \$3001-\$3500                                      |
|          |     |     |         | 1         |          | 3500.01-4000 | \$3501-\$4000                                      |
|          |     |     |         | 0         |          | 4000.01-4500 | \$4001-\$4500                                      |
|          |     |     |         | 0         |          | 4500.01-5000 | \$4501-\$5000                                      |
|          |     |     |         |           |          |              | Note: Applies only if D_PAYSP4 = 1                 |
| D_HMOPL4 | 172 | 2   | YES1FMT |           | HI25     |              | N Is Plan #4 an HMO                                |
|          |     |     |         | 16,266    |          |              | . Inapplicable                                     |
|          |     |     |         | 1         |          |              | -8 Don't know                                      |
|          |     |     |         | 0         |          |              | 1 Yes  |
|          |     |     |         | 48        |          |              | 2 No   |
|          |     |     |         |           |          |              | Note: Applies only if INTERVU = C and D_TYPPL4 = 4 |



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**MEDICARE CURRENT BENEFICIARY SURVEY**  
Health Insurance

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|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|          |     |   |        |        |  |  |  |
|----------|-----|---|--------|--------|--|--|--|
| D_OBTNP4 | 174 | 2 | MIPFMT |        |  |  | N How did MIP get Plan #4                |
|          |     |   |        | 16,266 |  |  | . Inapplicable                           |
|          |     |   |        | 9      |  |  | 1 Directly                               |
|          |     |   |        | 2      |  |  | 2 Main insured person's current employer |
|          |     |   |        | 35     |  |  | 3 Main insured person's prior employer   |
|          |     |   |        | 0      |  |  | 4 Union                                  |
|          |     |   |        | 0      |  |  | 5 Family business                        |
|          |     |   |        | 0      |  |  | 6 AARP                                   |
|          |     |   |        | 2      |  |  | 7 Deceased spouse's employer             |
|          |     |   |        | 0      |  |  | 8 Deceased spouse's union                |
|          |     |   |        | 1      |  |  | 9 Fraternal/professional organization    |
|          |     |   |        | 0      |  |  | 91 Other                                 |

Note: Applies only if INTERVU = C and D\_TYPPL4 = 4

|          |     |   |           |        |  |  |                                  |
|----------|-----|---|-----------|--------|--|--|----------------------------------|
| D_INDUS4 | 176 | 2 | \$IND2COD |        |  |  | C Industry of employer - Plan #4 |
|          |     |   |           | 16,266 |  |  | Inapplicable                     |
|          |     |   |           | 12     |  |  | -9 Not ascertained               |
|          |     |   |           | 37     |  |  | Industry classification code     |

Note: Applies only if D\_OBTNP4 = 2, 3, 5, or 8

|          |     |   |           |        |  |  |   |
|----------|-----|---|-----------|--------|--|--|---|
| D_PLLTR4 | 178 | 2 | \$PLN2LTR |        |  |  | C Medicare suppl./Medigap plan letter #4  |
|          |     |   |           | 16,306 |  |  | Missing                                   |
|          |     |   |           | 7      |  |  | -9 Not ascertained                        |
|          |     |   |           | 2      |  |  | 99 SP reports plan does not have a letter |

Notes: Applies only if INTERVU = C, D\_TYPPL4 = 4, and D\_OBTNP4 = 1, 5, or 6  
First available in 2000

|          |     |   |         |        |      |  |                          |
|----------|-----|---|---------|--------|------|--|--------------------------|
| D_TYPPL5 | 180 | 2 | PLANFMT |        | HI17 |  | N Type of plan - Plan #5 |
|          |     |   |         | 16,311 |      |  | . Inapplicable           |
|          |     |   |         | 0      |      |  | 1 Medicare               |
|          |     |   |         | 0      |      |  | 2 Medicaid               |
|          |     |   |         | 0      |      |  | 3 Public plan            |
|          |     |   |         | 4      |      |  | 4 Private plan           |
|          |     |   |         | 0      |      |  | 5 Medicare HMO           |

Note: Applies only if D\_PRIVAT is not equal to 0 and SP has more than 4 plans.

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Note: Applies only if INTERVU = C and D TYPPL5 = 4

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**MEDICARE CURRENT BENEFICIARY SURVEY**  
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| Variable | Col | Len | Format | Frequency | ComQues# | FacQues# | Variable Type & Label |
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|
|----------|-----|-----|--------|-----------|----------|----------|-----------------------|

|          |     |   |        |        |  |  |   |
|----------|-----|---|--------|--------|--|--|---|
| D_ANAMT5 | 192 | 7 | PREM_F |        |  |  | N Premium MIP pays for Plan #5-Annualized |
|          |     |   |        | 16,315 |  |  | . Inapplicable                            |
|          |     |   |        | 0      |  |  | 0-100 \$100 or less                       |
|          |     |   |        | 0      |  |  | 100.01-500 \$101-\$500                    |
|          |     |   |        | 0      |  |  | 500.01-1000 \$501-\$1000                  |
|          |     |   |        | 0      |  |  | 1000.01-1500 \$1001-\$1500                |
|          |     |   |        | 0      |  |  | 1500.01-2000 \$1501-\$2000                |
|          |     |   |        | 0      |  |  | 2000.01-2500 \$2001-\$2500                |
|          |     |   |        | 0      |  |  | 2500.01-3000 \$2501-\$3000                |
|          |     |   |        | 0      |  |  | 3000.01-3500 \$3001-\$3500                |
|          |     |   |        | 0      |  |  | 3500.01-4000 \$3501-\$4000                |
|          |     |   |        | 0      |  |  | 4000.01-4500 \$4001-\$4500                |
|          |     |   |        | 0      |  |  | 4500.01-5000 \$4501-\$5000                |

Note: Applies only if D\_PAYSP5 = 1

|          |     |   |         |        |      |  |                     |
|----------|-----|---|---------|--------|------|--|---------------------|
| D_HMOPL5 | 199 | 2 | YES1FMT |        | HI25 |  | N Is Plan #5 an HMO |
|          |     |   |         | 16,311 |      |  | . Inapplicable      |
|          |     |   |         | 0      |      |  | 1 Yes               |
|          |     |   |         | 4      |      |  | 2 No                |

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

|          |     |   |        |        |  |  |  |
|----------|-----|---|--------|--------|--|--|--|
| D_OBTNP5 | 101 | 2 | MIPFMT |        |  |  | N How did MIP get Plan #5                |
|          |     |   |        | 14,495 |  |  | . Inapplicable                           |
|          |     |   |        | 1,387  |  |  | 1 Directly                               |
|          |     |   |        | 426    |  |  | 2 Main insured person's current employer |
|          |     |   |        | 0      |  |  | 3 Main insured person's prior employer   |
|          |     |   |        | 0      |  |  | 4 Union                                  |
|          |     |   |        | 0      |  |  | 5 Family business                        |
|          |     |   |        | 0      |  |  | 6 AARP                                   |
|          |     |   |        | 3      |  |  | 7 Deceased spouse's employer             |
|          |     |   |        | 1      |  |  | 8 Deceased spouse's union                |
|          |     |   |        | 0      |  |  | 9 Fraternal/professional organization    |
|          |     |   |        | 1      |  |  | 91 Other                                 |
|          |     |   |        | 1      |  |  | 6 11                                     |
|          |     |   |        | 1      |  |  | 6 50                                     |

Note: Applies only if INTERVU = C and D\_TYPPL5 = 4

|          |     |   |           |        |  |  |                                  |
|----------|-----|---|-----------|--------|--|--|----------------------------------|
| D_INDUS5 | 203 | 2 | \$IND2COD |        |  |  | C Industry of employer - Plan #5 |
|          |     |   |           | 16,311 |  |  | Inapplicable                     |
|          |     |   |           | 4      |  |  | Industry classification code     |

Note: Applies only if D\_OBTNP5 = 2, 3, 5, or 8

|          |     |   |           |        |  |  |   |
|----------|-----|---|-----------|--------|--|--|---|
| D_PLLTR5 | 205 | 2 | \$PLN2LTR |        |  |  | C Medicare suppl./Medigap plan letter #5  |
|          |     |   |           | 16,314 |  |  | Missing                                   |
|          |     |   |           | 1      |  |  | 99 SP reports plan does not have a letter |

Notes: Applies only if INTERVU = C, D\_TYPPL5 = 4, and D\_OBTNP5 = 1, 5, or 6  
First available in 2000